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NPA revision which takes into account the Public Forum comments 11/10/2004 version

Key: References to MPA mean that language has been taken from the NCSBN Model Nurse Practice Act.
References to RSA: 329 mean language or concepts taken from the Medical Practice Act

<p>This bill revises the law governing the occupational regulation of nurses by the board of nursing. Draft November 8, 2004 ----- ----- 1 Nurse Practice Act. RSA 326-B is repealed and reenacted to read as follows:</p> <p>CHAPTER XXX NURSE PRACTICE ACT</p> <p>Purpose. In order to safeguard life, health and public welfare of the people of New Hampshire and in order to protect the people of the state from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing, it is necessary that a regulatory authority be established and adequately funded. To further this policy, the practice of nursing shall be regulated through the New Hampshire board of nursing, and such board shall have the power to enforce the provisions of this chapter. Licensees under this chapter are accountable to clients, the nursing profession and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the nurse's experience.</p>	
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<p>Definitions.</p> <p>I. "Advanced registered nurse practitioner (ARNP)" means a registered nurse currently licensed in New Hampshire who is additionally licensed by the board in one or more advance practice specialties. Advanced practice registered nursing is based on knowledge, and skills acquired in basic nursing education; licensure as a registered nurse, graduation from or completion of a graduate level ARNP program accredited by a national accrediting body and current certification by a national certifying body acceptable to the board in the specified ARNP role and specialty.</p> <p>II. "Board" means the New Hampshire board of nursing.</p> <p>III. "Contact hour" means a minimum of 50 minutes of organized learning.</p> <p>IV. "Competence" means the application of knowledge, and the interpersonal, decision-making and psychomotor skills expected for the practice role within the context of public health, safety, and welfare.</p> <p>V "Competence Development" means the method by which a licensee gains, maintains or refines practice knowledge, skills and abilities. This development can occur through a formal education program, continuing education and clinical practice, and is expected to continue throughout the practitioners' career.</p> <p>VI "Delegation" means the transfer of authority for the performance of a specific task from a licensed nurse authorized to perform the task to someone who does not have that authority when such transfer is</p>	<p>Reference for ARNP Definition; Page 172: Model Practice Act: NCSBN</p> <p>Reference for Competence and Competence Development definitions: Model Practice Act Pg. 174.</p>
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<p>authorized by this Chapter or the rules adopted by the board.</p> <p>VII "Licensed nursing assistant" (LNA) means an individual who holds a current license to provide client care with or without compensation or personal profit directed by a registered nurse or Licensed practical nurse.</p> <p>VII. "Licensed practical nurse (LPN)" means nursing practice with or without compensation or personal profit directed by the registered nurse, advance registered nurse practitioner, dentist or physician who is prepared to function as a member of the healthcare team by exercising sound nursing judgement based on preparation, knowledge skills and understanding. Practical nursing by a LPN contributes to the assessment, planning, implementation and evaluation of patient care. Practical nursing includes the delegation of nursing tasks that may be performed by others and which do not conflict with this chapter.</p> <p>IX "Medication nursing assistant" (MNA) means a licensed nursing assistant holding a currently valid certificate authorizing the delegation to the nursing assistant of tasks of medication administration supervised by the RN, ARNP or LPN</p> <p>X "Nursing" means the scientific process founded on a professional body of knowledge: it is a learned profession based on understanding of the human condition across the lifespan and the relationship of a client with others and within the environment. It is an art and science dedicated to caring for others. The practice of nursing means assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client centered health care plan, and evaluating responses to nursing</p>	<p>Model Practice Act pg. 170 and current NPA</p> <p>Reference for nursing definition: Model Practice Act pg. 166</p>
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<p>care and treatment. Nursing is dynamic and continually evolves to include more sophisticated knowledge, technologies, and client care activities.</p> <p>XI "Nursing-related activities" means client care provided by a licensed nursing assistant directed by an ARNP, a RN, or a LPN.</p> <p>XII "Registered nursing" means the practice of nursing, with or without compensation or personal profit. It incorporates caring for clients in all settings. Registered nursing means the application of nursing knowledge, judgment, and skill drawn from broad in-depth education in the biological, psychological, social, and physical sciences. It includes assessment, diagnosis of client health status, planning, implementation, and evaluation. It promotes Optimum health, wellness, and independence of the individual, the family, and the community.</p> <p>Board of Nursing.</p> <p>I. The board of nursing shall be composed of 11 members to be appointed by the governor with the consent of the council. Suggestions for appointment may be made to the governor by any interested individual, association or entity. The terms of members shall be staggered as determined by the governor and council. All terms shall be for 3 years, and no member of the board shall be appointed to more than 3 consecutive terms. Board membership will represent as many geographic areas of the state as possible. The members of the board shall include 5 registered nurses, at least one of whom shall be an advanced registered nurse practitioner; 2 licensed practical nurses; 2 licensed nursing assistants, one of whom shall be a medication licensed nursing assistant, if possible, and 2</p>	<p>Please note change in board membership made pursuant to HB 1248 which amended the practice act in 2004 to include language re: MNA membership if possible. Also: note that ED&A committee amended SB 199 in a way that changed the number of years any member could serve consecutively from three consecutive terms to two consecutive terms.</p>
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<p>representative members of the public. Board member representation will encompass as many geographic areas of the state as possible. Board membership will include nursing practice from nursing education, acute and chronic nursing care settings.</p> <p>II. Each registered nurse member shall be a resident of this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing as a registered nurse, and shall have had no fewer than 5 years of experience as a registered nurse, at least 3 of which shall have immediately preceded appointment. Registered nurse members of the board shall represent the various areas of nursing practice including education, administration, and clinical practice.</p> <p>III. The licensed practical nurse members of the board shall be residents of this state, licensed in good standing under the provisions of this chapter, currently engaged in the practice of nursing, and shall have had no fewer than 5 years of experience as a licensed practical nurse, at least 3 of which shall have immediately preceded the date of appointment.</p> <p>IV. The licensed nursing assistant members of the board shall be residents of, and licensed in good standing in, New Hampshire, and currently engaged in nursing-related activities. These members shall have a minimum of 5 years of experience as a licensed nursing assistant, at least 3 of which shall have immediately preceded the date of their appointment.</p> <p>V The public members shall be residents of the state of New Hampshire who are not, and never have been, members of the nursing profession or the spouse of any such person. The public members shall not have, and shall never have had, a material financial interest</p>	
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<p>in either the provision of nursing services or an activity directly related to nursing, including the representation of the board or its predecessor or the profession for a fee at any time during the 5 years preceeding the date of appointment.</p> <p>VI. No more than one board member shall be associated with a particular agency, corporation or other enterprise or subsidiary at one time.</p> <p>VII. Each member of the board shall be compensated at the rate of \$100 for attendance at a regular board meeting and \$50 for each other day actually engaged in official duties of the board, and shall be reimbursed for actual and necessary expenses incurred in the discharge of official duties, including travel at the state employee mileage rate.</p> <p>VIII. An appointee to a full term on the board shall be appointed by the Governor with the consent of the council before the expiration of the term of the member being succeeded and shall become a member of the board on the first day following the appointment expiration date of the previous appointee. Appointees to unexpired portions of full terms shall become members of the board on the day following such appointment, and shall serve the unexpired term and then be eligible to serve 3 full 3-year terms.</p> <p>IX. The governor may remove any member from the board for neglect of any duty or for incompetence or unprofessional or dishonorable conduct. Any person may file a complaint against a board member with the department of health and human services. The provisions of RSA 4:1 controlling the removal of public officials from office shall be followed in dismissing board members.</p>	
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X. All members of the board and its agents or employees shall enjoy immunity from individual civil liability while acting within the scope of their duties as board members, agents or employees, as long they are not acting in a wanton or reckless manner.

XI. Board meetings shall be open to the public. In accordance with RSA 91-A:3 the board may conduct part of a meeting in nonpublic session.

XII. The New Hampshire board of nursing shall be administratively attached, under RSA 21-G:10, to the department of health and human services.

Powers and Duties of the Board.

I. The board shall have the power to:

- (a) Define and regulate the practice of nursing and nursing education and take disciplinary action authorized by this chapter.
- (b) Adopt, amend, and repeal administrative rules as authorized by this chapter.
- (c) Appoint and employ a qualified registered nurse to serve as executive director.
- (d) Delegate to the executive director those activities which expedite the functions of the board, including the employment of professional and support staff, investigators, legal counsel, and other personnel necessary for the board to carry out its functions.
- (e) Employ or contract with any entity for the purpose of administering examinations authorized by this chapter.
- (f) Gather and report to the public statistical information regarding,

<p>but not limited to, the education and licensure of nurses and nursing assistants.</p> <p>(g) Maintain membership in national organizations advancing the practice of nursing.</p> <p>(h) Provide consultation and conduct conferences, forums, studies, and research on nursing education and practice.</p> <p>(i) Determine other nursing services that require education and training prescribed by the board and in conformance with national nursing standards. Additional nursing services shall be commensurate with the nurses experience, competence development, and demonstrated competencies.</p> <p>II. The board shall have the duty to:</p> <p>(a) Interpret and enforce the provisions of this chapter and of the rules implementing it.</p> <p>(b) Maintain a record of all persons and education programs regulated by the board.</p> <p>(c) Determine and collect reasonable fees authorized by this chapter.</p> <p>(d) Administer the state registry for nursing assistants in compliance with the Omnibus Budget Reconciliation Act of 1987, sections 1819 and 1919 of the Social Security Act.</p> <p>Administration by Executive Director</p> <p>I. The executive director shall have at least the following qualifications:</p> <p>(a) Be eligible for licensure to practice as a registered nurse in this state; and</p> <p>(b) Hold a master's degree in nursing or hold a master's degree in a related field and a baccalaureate degree in nursing.</p>	
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<p>II. The executive director shall be responsible for:</p> <p>(a) The performance of the administrative responsibilities of the board.</p> <p>(b) Employment of personnel needed to carry out the functions of the board.</p> <p>(c) The performance of any other duties the board may direct.</p> <p>Collection and Expenditure of Funds.</p> <p>I The board shall receive and expend Funds provided such funds are received and expended for the pursuit of the objectives authorized by this chapter. Fees, fines and administrative charges other than those collected pursuant to RSA 326-B:8 shall be deposited in the general fund.</p> <p>Nursing Assistant Fees and Fines; Continual Appropriation.</p> <p>I. The nursing assistant fund is established in the state treasury and continually appropriated to the board of nursing which shall administer the Fund. The fund shall be used only for administration of the nursing assistant component and expenses relating to that component.</p> <p>II. All fees, charges, and fines relating to nursing assistants shall be credited to the fund.</p> <p>Fees; Charges.</p> <p>I. The board shall charge fees for the issuance, renewal, and reinstatement of all licenses, and certificates authorized by this chapter. The board shall recover at least 125 percent of its direct</p>	
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<p>expenses through licensee fees, fines and administrative charges.</p> <p>II. The board may provide the following services and make administrative charges For them:</p> <p>(a) The administration of examinations required by this chapter. (b) Verification of licensure status. (c) The sale of lists of licensees who have given their written authorization to have their names included on such lists. (d) The actual costs of a criminal conviction record check required pursuant RSA (e) The actual costs of collection of statistical data provided to private entities</p> <p>Public Hearings on Fees.</p> <p>I. The board shall be exempt from the requirements, procedures and provisions of RSA 541-A with respect to the establishment of fees.</p> <p>II. The board shall review all fees established under this chapter on a biennial basis.</p> <p>III. The board shall hold at least one public hearing on all proposed changes to such fees as described in rules.</p>	<p>Public Hearings on Fees/Rules:</p> <p>All interested parties shall be afforded reasonable opportunity to testify and to submit data, views or arguments in writing or in electronic format, relative to proposed fee changes.</p> <p>(1) All materials submitted in writing shall be signed by the person who submits them. The board shall post the date, time and location of the public hearing and the cut-off date for the submission of written testimony at least 20 days prior to the hearing date. Such posting shall be on the board's website and newspaper(s) having statewide circulation.</p> <p>(2) Copies of the proposed fee changes shall be available to the public at least 5 days prior to the hearing. A period of 10 days after the hearing shall</p>
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<p>Rulemaking Authority.</p> <p>I. The board shall adopt rules in accordance and full compliance with RSA 541-A on the following topics:</p> <p>(a) Application procedures and eligibility requirements, in addition to those set forth in this chapter, for the issuance of all initial, temporary, renewal and reinstatement licenses, and certificates issued by the board, including the issuance of such licenses to applicants holding a currently valid license or other authorization to practice in another jurisdiction.</p> <p>(b) Application procedures and eligibility requirements, in addition to those set forth in this chapter, for the reinstatement of licenses after lapse and after disciplinary action.</p> <p>(c) Recognition of national certifying bodies issuing specialty certifications required for licensure as an advanced registered nurse</p>	<p>be provided for the submission of materials in writing or electronic format.</p> <p>(3) Each hearing shall be attended by a quorum of the board. A public comment hearing on fees may be postponed in the event of inclement weather or a lack of a quorum by the board. If such hearing is postponed, the board shall provide at least 5 days' notice of the rescheduled hearing.</p> <p>(4) The board shall consider all public input that has been submitted under the provisions of this section when voting on any changes to fees established under this chapter.</p>
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<p>practitioner.</p> <p>(d) Development and enforcement of the standards to be met by education programs designed to prepare applicants to qualify for licensure or certification in any of the disciplines regulated by the board.</p> <p>(e) The determination of disciplinary sanctions authorized by this chapter, including the determination of administrative fines.</p> <p>(f) The administration of examinations authorized by this chapter, and the manner in which information regarding the contents of any licensing examinations may be disclosed, solicited, or compiled.</p> <p>(g) Ethical standards for the practice of nursing and nursing-related activities.</p> <p>(h) Delegation of nursing related activities and tasks;</p> <p>(i) Competence development requirements. for all licensees under chapter;</p> <p>(j) Designations that may be used by persons regulated by the board and retired persons regulated by the board. (RSA Medical Practice Act: 29: 9):</p> <p>(k) Other matters necessary for the proper administration of this chapter.</p> <p>Joint Health Council.</p> <p>I.(a) The joint health council shall consist of 9 members as follows: 3 Licensed, practicing advanced registered nurse practitioners, appointed by the Board of nursing; 3 licensed, practicing physicians who work with advanced registered nurse practitioners, appointed by the board of medicine; and 3 Licensed clinical pharmacists who are practicing clinical pharmacists, appointed by the board of pharmacy. In no case shall a member of the joint health council be a member of the member's appointing board.</p>	
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(b) The chairmanship of the council shall rotate annually among the appointees of the 3 respective boards. Administrative expenses shall be assumed, and administrative support services provided, by the board of nursing.

(c) Members of the council shall be appointed for 3-year terms and shall serve no more than 2 terms.

II. The council shall meet not less than once every 3 months to discuss matters pertinent to the ARNP formulary and matters of mutual concern to the board of Medicine, the board of nursing and the board of pharmacy, unless there are no agenda items. Any council member may submit items to be considered by the Council. Any council member may request that an item submitted for consideration By the council include relevant scientific information from recognized professional publications. A denial of a request to include a drug in the formulary or a decision to further restrict a drug already approved by the Council shall be issued in writing and shall include relevant scientific information from recognized professional publications.

III. The duties of the joint health council shall include, but not be limited to, determining the type of ARNP formulary, exclusionary, inclusionary or other, and adding to or altering the list of controlled and non-controlled molecular entities in the ARNP formulary. The council shall render decisions on such additions or alterations within 3 months of initial consideration unless there is a request for additional scientific information. Appeals of decisions shall be submitted to the council in writing for further deliberation by the council. The ARNP formulary shall be updated at least annually and shall be available in electronic format from the board of nursing, the board of medicine, and the board of pharmacy.

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IV. Meetings of the joint health council shall be open to the public and conducted in accordance with the provisions of RSA 91-A. Meetings shall be conducted in a building owned or leased by the state and situated in Concord. Notice of the time and place of each meeting shall be posted in the House and Senate calendars at least 30 days prior to the meeting date.

ARNP Plenary Authority

I An advanced registered nurse practitioner shall have plenary authority to possess, compound, prescribe, administer, and dispense and distribute to clients controlled and non-controlled drugs in accordance with the formulary established by the joint health council.

II) Such plenary authority may be denied, suspended, or revoked by the board after notice and the opportunity for hearing, upon proof that the authority has been abused.

Licensed Practical Nurse – IV Certification

II. Licensed practical nurses who have successfully completed the curriculum of a board-approved LPN intravenous therapy course may administer medications and intravenous solutions under the direction of a physician or dentist, or as delegated by a registered nurse.

Licensure:

I Criminal Record Checks.

<p>(a) Every applicant for initial licensure or license renewal or reinstatement under this chapter shall submit a notarized criminal conviction record release authorization form to the division of state police, which authorizes the release of his or her criminal conviction record to the board pursuant to RSA 106-B:14.</p> <p>(b) Upon receipt of a notarized criminal conviction record release authorization form the division of state police shall conduct a criminal conviction record check pursuant to RSA 106-B:14 and provide the results to the board.</p> <p>(c) The board shall review the criminal record information prior to making a licensing decision to determine licensing eligibility. The Board shall maintain the confidentiality of all criminal conviction records received pursuant to this section.</p> <p>II License Application Requirements</p> <p>All, licensees shall:</p> <p>(a) Submit a completed application and fees as established by the board.</p> <p>(b) Have the ability to read and write in English language.</p> <p>(c) Report any pending criminal charges, criminal convictions, or plea arrangement in lieu of convictions.</p> <p>(d) Have committed no acts or omissions which are grounds for disciplinary action as set forth in this act, or, if such acts have been committed and would be grounds for disciplinary action, the board</p>	<p>Model Practice Act: Pg. 183: re Licensure</p>
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<p>has found after investigation sufficient restitution has been made.</p> <p>(e) Meet competence development requirements as defined in rules.</p> <p>(f) Meet other criteria as established by the board.</p> <p>III RN and LPN: Initial License by Exam:</p> <p>Examinations: The board shall authorize the administration of the examination to applicants for licensure a registered nurses or licensed practical nurses.</p> <p>(a) The board may employ, contract and cooperate with any entity in the preparation and process for determining results of a valid, reliable, legally defensible and uniform licensure examination. When such an examination is utilized, the board shall restrict access to questions and answers.</p> <p>(b) The Board shall determine whether a license examination may be repeated, the frequency of reexamination and any requisite education prior to re- examination.</p> <p>(c) An applicant for licensure by examination to practice as a RN or LPN who successfully meets the requirements of this section shall be entitled to licensure as a RN or LPN, whichever is applicable</p> <p>(d) Applicants for licensure by exam as an RN or LPN shall graduate from or verify successful completion and eligibility for graduation from a board approved nursing education program or a program that meets criteria comparable to those established by the board in its rules</p>	<p>Insert rules language re: different competence development requirements by license types.</p>
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<p>(e) Pass an examination authorized by the board and may meet other criteria as established by the board.</p> <p>(f) An internationally educated applicant for RN or LPN licensure by examination shall meet the requirements as set forth in rules.</p> <p>(g) An applicant for licensure to practice as an RN or LPN who received education in Canada and was never licensed by any jurisdiction shall either meet the requirements above, or meet the requirements for Canadian educated applicants as defined in rules.</p>	<p>Rules suggestion for Internationally educated applicants (except for Canadian educated applicants):</p> <p>(a) Graduation from an international nursing program comparable to an approved nursing education in the United States, as documented in an official transcript, directly from the International Nursing Education Program and verified by credentials evaluation by a board approved/authorized organization for the level of licensure being sought.</p> <p>(b) Acceptable documentation shall verify the date of enrollment, date of graduation and credential conferred. An official transcript and, if not in English, a certified translation is required prior to the approval to take NCLEX.</p> <p>(c) Credentials shall be reviewed by an external agency, specializing in international academic credentials review to verify the comparability of the international nursing education program to nursing education programs in the state of New Hampshire.</p>
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<p>V An applicant for initial ARNP licensure shall:</p> <p>(a) Hold a current license as a registered nurse;</p> <p>(b) Have graduated with a Graduate degree earned in an advanced registered nurse practitioner education program accredited by a national accrediting body; and,</p> <p>(c) Be currently certified by a board-approved national certifying body in the specialty for which the applicant was educated.</p> <p>(d) Meet other criteria as established by the board.</p> <p>(e) The board may issue one or more licenses to applicants meeting the qualifications stated above</p>	<p>Rules suggestion for Canadian Educated applicants:</p> <p>(1) Between the years 1939 and 1970 the applicant passed the English version of the National League for Nursing Board Test Pool Examination;</p> <p>(2) Between the years 1970 and 1980 the applicant took the English version of the Canadian Nurses' Association testing service 5 part examination and received a minimum passing score of 350 in each of the following topics: medical nursing, surgical nursing, pediatric nursing, maternity nursing and psychiatric nursing; or</p> <p>(3) Since the year 1980 the applicant took the English version of the Canadian Nurses' Association testing service comprehensive examination and received a minimum score of 400.</p>
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<p>VI Applicants for Initial LNA License:</p> <p>Shall establish eligibility for licensure by:</p> <ul style="list-style-type: none">(a) submitting documentation of successful completion and certification from a board approved nursing assistant education program and(b) Submitting documentation of successful completion of a board approved written/oral and skills competency examination <ul style="list-style-type: none">(1) Meet other criteria as established by the board in rules <p><u>IV Licensure by Endorsement:</u> RN or LPN</p> <p>An applicant for licensure by endorsement to practice as a RN or LPN shall:</p> <ul style="list-style-type: none">(a) Hold an unencumbered license as a RN or LPN.(b) Have committed no acts or omissions which are grounds for disciplinary action in another jurisdiction or if such acts have been committed and would be grounds for disciplinary action as set forth in (in our disciplinary section XXX) the board has found after investigation that sufficient restitution has been made.(c) Pass an examination approved by the board(d) Submit verification of licensure status directly from the US	<p>(1) Applicants for Initial LNA License by Competency Evaluation shall:</p> <p>(2) Applicants for initial LNA License by Comparable education shall: Applicants applying for licensure by comparable or greater nursing educational experience must have successfully completed the fundamentals of nursing in a RN or LPN educational program within 2 years prior to the application, or have successfully completed a board approved written/oral and skills competency examination within two years immediately prior to the application.</p>
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<p>jurisdiction of licensure by examination.</p> <p>(e) Meet other criteria established by the board.</p> <p>V License Application: Nursing Assistant License by Endorsement:</p> <p>(a) An applicant for licensure by endorsement as a licensed nursing assistant who is currently licensed or certified in any other state or jurisdiction shall:</p> <p>(b) Verify current and original licensing, certification or nursing assistant registry status;</p> <p>(c) Have committed no acts or omissions which are grounds for disciplinary action as set forth in this act, or, if such acts have been committed and would be grounds for disciplinary action, the board has found after investigation sufficient restitution has been made; and</p> <p>(d) Meet other criteria as established by the board</p> <p><u>VI License Renewal All Licensees: :</u></p> <p>(a) Any person licensed under this chapter who intends to continue practicing as a nurse or nursing assistant shall, by midnight on his or her date of birth in the renewal year submit a completed application and fees as established by the board.</p> <p>(b) Report any pending criminal charges, criminal convictions, or plea arrangement in lieu of convictions.</p> <p>(c) Have committed no acts or omissions which are grounds for</p>	<p>Advanced Registered Nurse Practitioner: License Renewal</p> <p>I An applicant for renewal of a ARNP license issued after September 30, 1984 shall:</p>
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<p>disciplinary action as set forth in this act, or, if such acts have been committed and would be grounds for disciplinary action, the board has found after investigation sufficient restitution has been made.</p> <p>(d) Meet competence development requirements as defined in rules.</p> <p>(e) For those licensees applying for renewal following disciplinary action, compliance with all board licensure requirements as well as any specific requirements set forth in the board's discipline order is required.</p> <p>(f) Meet other criteria as established by the board.</p> <p>(g) Failure to renew the license shall result in forfeiture of the right to practice nursing in the state of New Hampshire.</p> <p><u>VII License Reinstatement:</u> All Licensees</p> <p>(a) An individual whose license has lapsed by failure to renew may apply for reinstatement by meeting all requirements for renewal or satisfying the conditions set forth below.</p> <p>(b) An individual who applies for licensure reinstatement who does not meet the competence development requirements shall demonstrate, through completion of a board approved process, evidence of current nursing or nursing assistant knowledge and skill.</p> <p>(c) For those licensees applying for reinstatement following disciplinary action, compliance with all board licensure requirements as well as any specific requirements set forth in the board's discipline order is required.</p>	<p>(a) Submit a completed application for renewal and pay the renewal fee;</p> <p>(b) Hold, a current and unencumbered license as a registered nurse;</p> <p>(c) Be, and have since first ARNP licensure continued to be, certified by a board-approved national certifying body; and,</p> <p>(d) Meet competence development requirements set by the board.</p> <p>II. An applicant for renewal of a ARNP license issued before September 30, 1984 shall meet the requirements of paragraph III except that the applicant shall not be required to be and continue to have been certified by a board-approved national certifying body.</p> <p>Meet competence development requirements as set forth in this act; or alternately, if unable to meet competence development requirements submit documentation of successful completion of a board</p>
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<p>VII Issuance of Temporary Licenses: all licensees</p> <p>The board may issue temporary licenses valid for no more than 120 days to applicants who meet entry level licensing requirements in the license category. A temporary license shall become void on the date the board denies the permanent license sought by the holder of the temporary license as set forth in rules</p> <p><u>X Modified License:</u> RN or LPN</p> <p>The board may issue a modified license to an individual who has met</p>	<p>approved written oral/skills competency testing within 2 years immediately prior to application</p> <p>Applicants holding a temporary ARNP license Shall practice only under the supervision of an advanced registered nurse currently Licensed in New Hampshire.</p> <p>Types of Temporary Licenses:</p> <p>(a) Applicants for licensure by examination, to practice under the direct supervision of a registered nurse.</p> <p>(b) Applicants for endorsement, to practice nursing at the applied level of licensure to an individual who submits an application for licensure by endorsement and with verification of current licensure in another jurisdiction.</p> <p>(c) Individuals enrolled in refresher courses, to provide direct client nursing care as part of a nursing refresher course. The individual shall have been previously licensed to practice. The individual shall have been previously licensed to practice. The refresher course may be for completing continued competence requirements, for seeking reinstatement of license or application for licensure by endorsement.</p>
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<p>licensure requirements and who is able to practice without compromise to the public safety within a modified scope of practice or with accommodations or both as specified by the board.</p> <p><u>Nursing Assistant Registry:</u></p> <p>Nursing assistants licensed under this act shall comply with all provisions of the Omnibus Reconciliation Act (OBRA) of 1987; section 1819 and 1919 of the Social Security Act (42 USC 1395 and 1396) and all provisions of this act. This act authorizes a Registry that lists all licensed nursing assistants who qualify through education and testing to provide nursing related activities.</p> <p><u>Certificate of Medication Administration for Licensed Nursing Assistants.</u></p> <p>I. The board shall issue a certificate of medication administration to a currently licensed nursing assistant who:</p> <p>(a) Has participated in and completed a board-approved medication administration education program;</p> <p>(b) Has passed an examination approved by the board; and</p> <p>(c) Has paid the certification fee.</p> <p>II. A medication nursing assistant shall be proficient in methods of medication administration approved by the board.</p> <p>III. Certification may be renewed on a biennial basis</p> <p><u>Delegation of Nursing Activities and Tasks.</u></p>	<p>A modified license is issued to provide a process to authorize licensure for individuals with current disabilities who can practice nursing safely within a modified scope of practice, or practice safely with accommodations, or both, to be granted a license for modified practice.</p> <p>(1) The board may require that the nurse holding the modified license inform the board of an intention to move or work in another state, as well as inform that state as to the modified license status in this state.</p>
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<p>I. A nurse holding a currently valid license as a registered nurse or a Practical nurse may delegate specific nursing activities and tasks, including the administration of medications, in accordance with this act and within the constraints set forth in the rules.</p> <p>Delegation; Circumstances Not Subject to Disciplinary Action.</p> <p>I. A licensee who delegates or has delegated a specific nursing activity or task in compliance with this act and with the rules shall not be subject to disciplinary action because of the performance of the person to whom the nursing activity or task is or was delegated.</p> <p>II. No person may coerce a registered nurse or licensed practical nurse into compromising client safety by requiring the nurse to delegate a nursing activity or task when the nurse determines that it is inappropriate to do so. A licensee shall not be subject to disciplinary action for refusing to delegate nursing activities or tasks or refusing to provide training related to such delegation when the licensee has determined that such delegation may compromise client safety.</p> <p><u>Obligations of Licensees.</u></p> <p>I. In response to board inquiries relevant to a licensee's status or practice of Nursing or nursing-related activities, each licensee shall provide complete and truthful information.</p> <p>II. Each licensee shall notify the board if a license is lost or stolen.</p> <p>III. Each licensee shall notify the board of a change of name or</p>	
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<p>address as soon as such change occurs.</p> <p>IV. Each licensee shall report to the board those acts or omissions which are violations of this chapter or grounds for disciplinary action.</p> <p><u>Education Programs.</u></p> <p>I. The board shall, by administrative rules, set standards for the establishment and outcomes for nursing and nursing assistant education programs, including clinical learning experiences and approve such programs that meet the requirements of the act and board rules.</p> <p>II. The board shall identify the process for determining nursing and nursing assistant education program compliance with the standards.</p> <p>III. The board shall approve nursing and nursing assistant education programs that meet the legal standards established by the board.</p> <p>(a) The board shall set requirements for establishment of new nursing and nursing assistant programs; and,</p> <p>(b) The board shall periodically review nursing and nursing assistant education programs and require such programs to submit evidence of compliance with standards and administrative rules;</p> <p>(c) If, upon review of evidence, the board determines that the program meets the established standards, it shall grant continuing approval. The board will publish a list of approved programs.</p> <p>(d) The board may deny or withdraw approval or take such action as deemed necessary when nursing or nursing assistant education programs fail to meet the standards established by the board.</p> <p>(e) The board shall reinstate approval of a nursing or nursing</p>	<p>Reference Model Nurse Practice Rule pg 202 re; Education Programs</p>
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<p>assistant education program upon submission of satisfactory evidence that its program meets the standards established by the board.</p> <p>(f) The board shall, by administrative rules, identify the process for nursing and nursing assistant programs that cease operation.</p> <p>IV Any education program conducted in another state shall be deemed to be an education program approved by the board if that program meets the requirements for approval established by this section and the boards, rules and the program has been approved by the regulatory authority of its state.</p> <p>Duty to Warn of Violent Acts of Client; Civil Liability.</p> <p>I. Any ARNP licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to the ARNP a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property.</p> <p>II. The duty may be discharged by the ARNP to provide services that are customary and necessary for diagnosis or treatment by making reasonable efforts to communicate the threat to the victim or victims, notifying the police department closest to the client's or potential victim's residence, or obtaining civil commitment of the client to the state mental health system.</p> <p>III. No monetary liability or cause of action based on breach of client privacy, confidentiality or any other ground shall arise from an act or communication done in a good faith effort to discharge a duty in</p>	<p>.</p> <p>Medical Practice Act: re: duty to warn: Reference RSA 329: 31 :</p> <p>Rationale for limiting duty to warn to ARNP's: parallel to Medical Practice Act: patient/practitioner relationship and level of skill in determining level of risk re: when and how to want of violent acts</p>
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<p>accordance with paragraph II.</p> <p>Duties of Licensees Relating to Reports of Sexual Relations:</p> <p>I. If, during the course of diagnosis or treatment by a licensee, a client alleges that another counselor or health care practitioner licensed by the board of nursing or any other state licensing or certifying agency has engaged with the client in sexual relations, the licensee shall have a duty to inform the client that the act reported by the client may be unprofessional or unethical and may subject the actor to disciplinary action by the actor's licensing or certifying agency.</p> <p>II. No liability for breach of client confidentiality, slander or defamation, or other civil or criminal liability, shall arise from the disclosure by a licensee of information related to reported sexual relations between a client and any licensee of a state licensing or certifying agency when the disclosure is made in good faith and made to the board of nursing or any other state licensing or certifying agency</p> <p>III If the client of a licensee on the client's own initiative reports to the Board of nursing sexual relations with a licensee of another state agency, the licensee shall provide support and advocacy to the client, either directly or indirectly through referral.</p> <p>Privileged Communications Between Licensees and Their Clients.</p> <p>I. Confidential communications between ARNP's and their clients are placed on the same basis as those provided by law between physician and patient, and, except as otherwise provided by law, no ARNP shall be required to disclose such privileged communications.</p>	
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<p>Confidential communications between a client of an ARNP and any person working under the supervision of such licensee to provide services that are customary and necessary for diagnosis and treatment are privileged to the same extent as would be the same communications between the supervising ARNP and the client.</p> <p>II. This section shall not apply to disciplinary proceedings conducted by:</p> <p>(a) The board under this chapter;</p> <p>(b) The board of examiners of nursing home administrators under RSA 151-A:11; or</p> <p>(c) Any other statutorily created health care occupational licensing board conducting disciplinary proceedings.</p> <p>III. This section shall not apply to hearings conducted pursuant to RSA 135-C or RSA 464-A.</p> <p>Emergency Treatment; Assisting the Board; Immunity From Civil Liability.</p> <p>I. No person authorized to practice under this chapter or under the laws of any other state who, in good faith, renders emergency care at the scene of an emergency, which occurs both outside the place and the course of employment, shall be liable for any civil damages as a result of acts or omissions in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care.</p> <p>II. Any person acting in good faith shall be immune from civil liability to a licensee or an applicant for licensure for making any report or other information available to the board or assisting the</p>	
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<p>board in carrying out any of its duties.</p> <p>III. Nurses licensed in other states who respond to emergencies in NH during a civil disaster event shall be immune from civil liability and board action for acts of omission in rendering such emergency care, or as a result of any act or failure to act to provide or arrange for further medical treatment or care.</p> <p><u>Grounds for Disciplinary Action</u></p> <p>I In order to assure the citizens of NH a reasonable standard of nursing care, the board may undertake investigations and disciplinary proceedings:</p> <p>(a) Upon its own initiative.</p> <p>(b) Upon written complaint of any person which charges that a licensee has committed any acts which constitutes grounds for disciplinary action under paragraph XXX of this section and which specifies the information that supports such complaint.</p> <p>II The board may discipline a licensee or applicant for any one or a combination of the following grounds:</p> <p>(a) Failing to meet requirements: failure to demonstrate the qualifications or satisfy the requirements for licensure contained in section XXXX</p> <p>(b) Licensing Examination Violations: conduct that violates the security of the examination, including, but not limited to: copying disseminating or receiving any portion of an examination; having unauthorized possession of any portion</p>	<p>REQUIRES BOARD ATTENTION AT 11/18/04 MEETING</p> <p><u>Reference: Model Practice Act pgs 216-227 : Discipline and Proceedings</u></p>
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<p>of a future, current or previously administrated examination; violating the standard or test administration; permitting an impersonator to take the examination on one's behalf or impersonating an examinee.</p> <p>(c) Criminal Convictions: convictions by a court or any plea to a crime in any jurisdiction that relates adversely to the practice of nursing or to the ability to practice nursing.</p> <p>(d) Fraud and/or Deceit: employing fraud or deceit in procuring or attempting to procure a license to practice nursing, in filing any reports or completing client records, in representation of self to board or public, in authenticating any report or records in the nurse's capacity as a ARNP, RN, LPN or LNA, or in submitting any information or record to the board.</p> <p>(e) Unethical conduct: including but not limited to conduct likely to deceive, defraud or harm the public; or demonstrating a willful or careless disregard for the health or safety of a client. Actual injury need not be established.</p> <p>(f) Action in another jurisdiction: a nurse's license to practice nursing or a multi-state privilege or another professional license or other credential has been denied, revoked, suspended, restricted or otherwise disciplined in this or any other state.</p> <p>(g) Unsafe Practice/Unprofessional Practice: actions or conduct including but not limited to: failure or inability to perform nursing or nursing assistant practice as defined in this act and in rules written pursuant to this act, with reasonable skill and safety.</p> <p>(h) Unprofessional conduct including but not limited to:</p> <ul style="list-style-type: none">• (1) a departure from or failure to conform to nursing standards, improper management of client records,• (2) delegating or accepting the delegation of a nursing	<p><u>(f) AONE is sending information regarding this</u></p> <p><u>(g) we do not have access to the abuse and neglect files regarding children. How do we want to address?</u></p> <p>.</p>
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<p>function or a prescribed health function when the delegation or acceptance could reasonable be expected to result in unsafe or ineffective client care,</p> <ul style="list-style-type: none">• (3) failure to supervise the performance of acts by any individual working at the nurse's delegation or assignment,• (4) failure of a clinical nursing instructor to supervise student experiences. <p>(i) Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services of a health care delivery system.</p> <p>(j) Failure to practice within a modified scope of practice³ or with the required accommodations, as specified by the board in granting a modified license under this act.</p> <p>(k) Conduct any nursing practice that may create unnecessary danger to a client's life, health or safety. Actual injury to a client need not be established.</p> <p>(l) Inability to practice safely: demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness; use of alcohol, drugs, chemicals or any other material; or as a result of any mental or physical condition.</p> <p>(m) Misconduct: actions or conduct that include, but are not limited to: falsifying reports, client documentation, agency records or other essential health documents; failure to cooperate with a lawful investigation conducted by the board; failure to maintain professional boundaries with clients and/or families members; use of excessive force upon or mistreatment or abuse of any client; engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors or language or behaviors</p>	
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<p>suggestive of same; threatening or violent behavior in the workplace</p> <p>(n) Drug Diversion: diversion or attempts to divert drugs or controlled substances</p> <p>(o) Failure to comply with Alternative Program Requirements: failure of a participant of an alternative (to discipline) program to comply with terms of his/her alternative program agreement.</p> <p>(p) Other drug related actions or conduct that include but are not limited to: use of any controlled substance or any drug or device or alcoholic beverages to an extent or in a matter dangerous or injurious to him or herself, any other person or the public or to the extent that such use may impair his or her ability to conduct with safety to the public the practice of nursing under this chapter; falsification or of making incorrect, inconsistent or unintelligible entries in any agency, client or other record pertaining to drugs or controlled substances; a positive drug screen for which there is no lawful prescription.</p> <p>(q) Unlawful practice: actions or conduct that include but are not limited to: knowingly aiding, assisting advising, or allowing an unlicensed person to engage in the unlawful practice of nursing; violating a rule adopted by the board, an order of the board or a state or federal law relating to the practice of nursing or a state or federal narcotics or controlled substance law; practicing beyond the scope of practice as stated in this act; and, failing to report violations of this act.</p> <p>(r) Upon notification by the licensing authority of another jurisdiction that a licensee's license has been disciplined in that jurisdiction.</p> <p>(s) Temporary suspension where imminent threat: In cases</p>	
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involving imminent danger to life or health, the board may order suspension of a license pending hearing for a period of no more than 120 days. In such cases, the basis for the board's finding of imminent danger to life or health shall be reduced to writing and combined with a hearing notice which complies with RSA 329:18-a. A licensee may be allowed additional time to prepare for a hearing, but any additional time for preparation shall result in an extension of license suspension commensurate with the additional time extended.
Source:329:18-b 1992, 179:11, eff. Jan. 1, 1993.

III. The board may refuse to renew or reinstate a license on disciplinary grounds, or take disciplinary action in any one or more of the following ways:

- (a) By reprimand or by suspension, limitation, conditions or probation of a license for a period of time as determined reasonable by the board.
- (b) By revocation of a license.
- (c) By requiring licensees to participate in educational or rehabilitative programs in the area or areas in which they have been found deficient or incompetent.
- (d) By requiring the licensee to submit to the care, counseling, or treatment of a physician, counseling service, health care facility, professional assistance program, or any comparable person or facility approved by the board.
- (e) By requiring the person to practice under the direct supervision of a registered nurse for a period of time specified by the board.
- (f) By imposition, after notice and the opportunity for hearing, of fines not to exceed \$1,000 for each violation or, in the case of a continuing violation, \$100 for each day the violation continues.

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<p>IV. In cases involving imminent danger to public health, safety, or welfare, the Board may order the immediate suspension of a license pending an adjudicative proceeding. The board shall commence this adjudicative proceeding not later than 10 working days after the date of the board order suspending the license. The licensee may waive the 10-day commencement requirement to allow for additional time to prepare for a hearing. If the licensee waives the requirement, the license shall remain suspended until the completion of the hearing. A record of the proceeding shall be made by a certified shorthand court reporter provided by the board. Unless expressly waived by the licensee, board failure to commence an adjudicative proceeding within 10 working days shall mean that the suspension order is automatically vacated. The board shall not again suspend the license for the same conduct which formed the basis of the vacated suspension without granting the licensee prior notice and an opportunity for an adjudicative proceeding.</p> <p>V. Every individual, agency, facility, institution or organization that employs licensed nursing personnel within the state shall report to the board within 30 Days any action by a licensee that willfully violates paragraph II. The board shall have authority, after notice and the opportunity for hearing, to impose Civil penalties of up to \$1,000 per violation upon persons found to have willfully violated the reporting requirements of this paragraph.</p> <p><u>Investigations and Hearings.</u></p> <p>I. The board shall investigate possible misconduct by licensees and other matters governed by the provisions of this chapter. Investigations shall be conducted with or without the issuance of a</p>	<p>CONSIDER ADOPTING LANGUAGE FROM RSA 329: 18-b: allows for temporary suspension where there is imminent threat without hearing for 120 days</p>
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<p>board order setting forth the general scope of the investigation. Board investigations and any information obtained by the board pursuant to such investigations shall be exempt from the public disclosure provisions of RSA 91-A, unless such information subsequently Becomes part of a public disciplinary hearing. However, the board may disclose information acquired in an investigation to law enforcement or health licensing agencies in this state or any other jurisdiction, or in accordance with specific Statutory requirements or court orders.</p> <p>II. The board may appoint legal counsel, health care advisors or other Investigators to assist with any investigation and with adjudicative hearings.</p> <p>III. The form taken by an investigation is a matter within the discretion of the Board. The board may conduct investigations on an ex parte basis.</p> <p>IV.(a) The board may administer oaths or affirmations, preserve testimony, and issue subpoenas for witnesses, documents and things, relative to investigations or adjudicative hearings, except that subpoenas for records issued pursuant to Paragraph V may be issued at any time.</p> <p>(b) The board may serve a subpoena on any licensee by certified mail, but shall serve a subpoena on any other person in accordance with the procedures and the fee schedules established by the superior court.</p> <p>(c) A person licensed by the board shall not be entitled to a witness fee or mileage expenses for travel within the state related to his or her appearance at a hearing or investigatory proceeding.</p> <p>(d) In order to be valid any subpoenas issued by the board, except one</p>	
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<p>issued to a licensee, shall be annotated "Fees guaranteed by the New Hampshire Board of Nursing."</p> <p>(e) A minimum of 48 hours notice shall be given for compliance with a subpoena issued under this paragraph.</p> <p>V. The board may at any time subpoena a licensee's health care records, Employment records, and nursing education academic records in the possession of its licensees, nursing education programs licensed by the board or hospitals, and other health care providers and facilities regulated in this state, except that it may not subpoena quality assurance records of health facilities licensed under RSA 151. Subpoenas shall be served by certified mail or personal delivery to the address currently on file with the board in the case of delivery to a Licensee. No witness or other fee shall be required. A minimum of 15 days' advance notice shall be allowed for complying with a subpoena issued under this paragraph.</p> <p>Procedures re: complaints</p> <p>VI. Complaints of licensee misconduct shall be in writing and shall be treated as petitions for the commencement of a disciplinary hearing. The board shall determine whether a complaint alleges misconduct sufficient to support disciplinary proceedings. If the board determines that it does, the board shall forward a copy of the complaint to the licensee complained against within 5 Business days of its determination. If the board determines that it does not, the board shall send the complainant a written notice of dismissal of the complaint. Some or all of the allegations in a complaint may be consolidated with another complaint or with issues the board wishes to investigate or hear on its own motion. If an investigation of a complaint results in an offer of Settlement by the licensee, the board may settle the allegations against the</p>	
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<p>licensee without the consent of a complainant, provided that material facts are not in dispute.</p> <p>VII. At any time during an investigation of a complaint, and without issuing a subpoena, the board may mail a copy of a complaint to the licensee named in the complaint, and may require in a written request that the licensee and the Licensee's employer provide detailed and good faith written responses to allegations identified by the board and also provide copies of all records concerning any client identified in the complaint. The licensee and others receiving inquiries from the board shall respond within a reasonable time period of not less than 15 days as the board may specify. This procedure may also be Used in connection with matters the board has undertaken to investigate on its own motion.</p> <p>VIII. The board may hold adjudicative hearings concerning allegations of misconduct or other matters within the scope of this chapter. Such hearings shall be public proceedings. Any member of the board, or any other qualified person appointed by the board, shall have authority to preside at such a hearing and to issue oaths or affirmations to witnesses.</p> <p>IX. The board shall give the respondent and the complainant, if any, at least 15 days' written notice of the date, time and place of a hearing, except as otherwise provided in this chapter. Such notice shall comply with RSA 541-A and include an itemization of the issues to be heard, and, in the case of a disciplinary hearing, a statement as to whether the action has been initiated by a written complaint or upon the board's own motion, or both. If a written complaint is involved, the notice shall provide the complainant with a reasonable opportunity to intervene as a party.</p>	
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<p>Such notice shall be sent by certified mail return receipt requested to the complainant and to the respondent at the address provided by respondent currently on file at the board offices. Notice mailed in compliance with this section shall be deemed served.</p> <p>X. The board may at any time dispose of allegations in a complaint, Investigation, or disciplinary hearing by settlement, default or consent order, by issuing an order of dismissal for failing to state a proper basis for disciplinary action or by summary judgment order based upon undisputed material facts. In disciplinary hearings, the board may hold pre-hearing conferences which shall be exempt from the provisions of RSA 91-A, but any final disciplinary action or decision which occurs without holding a public hearing shall be publicly released at the time it is served upon the parties.</p> <p>XI. Final disciplinary actions and other adjudicative decisions made by the Board shall be reduced to writing and served upon the parties. Such decisions shall not be released to the public until they are served upon the parties.</p> <p>XII. Any person appearing at a board hearing or investigation may be represented by legal counsel, or other representative but the board shall have no obligation or authority to appoint or provide such representation.</p> <p>XIII. The board shall hear any complaint not resolved at or prior to a preliminary hearing.</p> <p>XIV. In the case of sanctions for discipline in another jurisdiction, the decision of the other jurisdiction's disciplinary authority may not be collaterally attacked and the board may impose any of the sanctions</p>	
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set forth in this chapter, but shall provide notice and an opportunity to be heard if it intends to impose sanctions above those imposed by the other jurisdiction.

Rehearing; Appeals.

I. Any person who has been refused a license by the board or has been disciplined by the board shall have the right to petition for a rehearing within 30 days after the original decision.

II Appeals from a decision on rehearing shall be by appeal pursuant to RSA 541.

III. No sanction shall be stayed by the board during an appeal.

Injunctive Relief.

The attorney general, the board of nursing, any citizen, or the prosecuting attorney of any county or municipality where the act occurs may maintain an action to enjoin a person not currently licensed to do so from practicing, or purporting to practice, nursing or nursing-related activities. The action to enjoin shall not replace any other civil, criminal, or regulatory remedy. An injunction without bond is available to the board.

Unlawful Acts.

It shall be unlawful for any person or entity to:

I. Sell or fraudulently obtain or furnish any nursing diploma, license or record, or to aid and abet in such an act;

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<p>II. Practice as a licensee under this chapter when the license to do so has been revoked or suspended or when the license to do so has lapsed;</p> <p>III. Use, in connection with the individual's name, any designation tending to imply licensure as a registered nurse, practical nurse or nursing assistant unless so licensed under this chapter; or</p> <p>V. Disclose, solicit or compile information regarding the contents of any licensing examinations relative to this chapter except as authorized by the board.</p> <p>Exemptions</p> <p>I. The employment in federal government institutions and agencies of nurses who are members of federal agencies and are currently licensed in some state of the United States;</p> <p>II. The practice of nursing by persons enrolled in nursing programs acceptable to the board when such practice is part of their program of study;</p> <p>III. The practice of any nurse or nursing assistant currently licensed or certified in another state, in the provision of nursing care in the case of declared state of emergency or disaster</p> <p>IV. The rendering of assistance in the case of an emergency or disaster</p>	<p>Some of the information under the Unlawful Acts Section is already included in the revised disciplinary acts section as taken from the Model Practice Act:</p> <p>.</p>
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<p>V. Nursing services by any certified unlicensed graduate nurse who has been engaged in this state in nursing the sick for hire without assuming in any way to be a registered nurse, as a bona fide occupation previous to July 1, 1959 and who was certified prior to January 1, 1975;</p> <p>VI. Nursing services by any one when done in accordance with the practice of the religious principles or tenets of any well-recognized church or denomination which relies upon prayer or spiritual means alone for healing;</p> <p>VII. The practice of nursing in this state by any currently licensed nurse of another state engaged to accompany and care for a person passing through or temporarily residing in this state, during the period of one engagement not to exceed 2 months.</p> <p>VIII. The administration of medications, by any person employed, or under contract, to provide direct care to clients receiving community-based services pursuant to RSA 135-C or RSA 171-A, provided that persons delivering such care who administer medications shall have successfully completed a medication administration educational program conducted by a registered nurse and approved by the board under rules adopted pursuant to RSA 541-A. The commissioner of health and human services, in consultation with the board, shall adopt rules establishing criteria for the administration of medications, and for the process of approving a registered nurse to conduct the medication administration educational program.</p> <p>IX. Midwifery Not the Practice of Nursing. Midwives certified under RSA 326-D, and practicing midwifery as defined by RSA 326-D:2, V, shall not be construed as practicing nursing under this chapter.</p>	<p>Reference NPA: 232 c & d. This relates to disaster planning and licensure.</p>
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<p>X. Direct Care in Community-Based Services. The administration of medications, by non-licensees to individuals receiving community-based services pursuant to RSA 135-C or RSA 171-A shall not be construed as practicing nursing.</p> <p>XI. The practice of any nurse currently licensed in another state who is in this state on a nonroutine basis to provide nursing consulting services.</p> <p>There were a number of amendments to SB 199 that related to other disciplines. The only ones left in this document were those that had reference to licensees: unclear if these should stay or be deleted.</p> <p>I Nursing Assistant Fund. Amend RSA 6:12, I(bb), to read as follows: (a) Money received under RSA [326-B:29] 326-B:8, which shall be credited to the board of nursing's nursing assistant fund.</p> <p>II Privileged Communication. Amend RSA 316-A:27 to read as follows: 316-A:27 Privileged Communications. The confidential relations and communications between any person licensed under provisions of this chapter and such licensed person's patient are placed on the same basis as those provided by law between attorney and client, and, except as otherwise provided by law, no such doctor of chiropractic shall be required to disclose such privileged communications. Confidential relations and communications between a patient and any person working under the supervision of a doctor of chiropractic that are customary and necessary for diagnosis and treatment are privileged to the same extent as though those relations or</p>	<p>MPA pg 232 re requirement for licensees who are proving consultation</p>
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communications were with such supervising doctor of chiropractic. This section shall not apply to disciplinary hearings or actions conducted under RSA 316-A:22, relative to the board of chiropractic examiners, RSA [326-B:12] 326-B, relative to the board of nursing, RSA 151-A:11, relative to the board of examiners of nursing home administrators, or any other statutorily created medical occupational licensing board conducting disciplinary proceedings. This section shall not apply to hearings conducted pursuant to RSA 135-C:27-54.

III Controlled Drug Act; Definitions. Amend RSA 318-B:1, I-b to read as follows:

I-b. "Advanced registered nurse practitioner" means a person licensed to practice as an advanced registered nurse practitioner in this state pursuant to RSA [326-B:10] 326-B:13.

IV-10 Respiratory Care Practice Act; Definitions. Amend RSA 326-E:1, V to read as follows:

V. "Nurse practitioner" means a person licensed to practice as an advanced Registered nurse practitioner in this state pursuant to RSA [326:B] 326-B:13.

V Mental Health Practice; Definitions. Amend RSA 330-A:2, VIII to read as follows:

VIII. "Psychotherapist" means a psychologist, clinical social worker, pastoral Psychotherapist, clinical mental health counselor, or marriage and family Therapist licensed under this chapter who performs or purports to perform Psychotherapy. This definition shall include psychiatrists licensed as Physicians under RSA 329 and advanced registered nurse practitioners licensed Under RSA [326-B:10] 326-B:13 as psychiatric nurse practitioners.

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<p>VI Insurance; Coverage for Mental or Nervous Conditions. Amend RSA 415:18-a, V</p> <p>(d) to read as follows:</p> <p>(d) "Psychiatric/mental health advanced registered nurse practitioner" means an individual who is licensed as an advanced registered nurse practitioner in psychiatric mental health nursing under RSA [326-B:10] 326-B:13, who is defined by and whose scope of practice is described under the rules adopted pursuant to RSA 326-B, and who is a licensed registered nurse, educationally prepared in nursing at a minimum of the master's level, and certified in the specialty by a recognized national certifying agency, such as the American Nurses Credentialing Center.</p>	
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